

Rule 12g3 - 2b exemption
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Occupational & Medical Innovations Limited
ABN 11 091 192 871
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Phone +61 7 3209 3099 Fax +61 7 3209 4765
Email info@omiltd.com Web www.omiltd.com

Tuesday December 10, 2002.

US Securities and Exchange Commission
Attn. Filing Desk
450 Fifth Street
Washington DC
United States of



02060935



SUPPL

Dear Sir/Madam,

Re: Items lodged with the Australian Stock Exchange

Please find enclosed the following documents that have recently been lodged with the Australian Stock Exchange.

ITEM	DATE LODGED	DESCRIPTION
1	10 December, 2002	Form 304: Notification of change to officeholders.

PROCESSED

JAN 14 2003

Should you require any additional information, please do not hesitate to contact me.

THOMSON
FINANCIAL

Yours faithfully,

BEN GRAHAM
Administration Co-Ordinator.

De 1/10

ASIC registered agent number
lodging party or agent name
office, level, business name or PO Box no.
street number & name

D. JENKINS
GPO Box 1275

suburb/city BRISBANE state/territory Q postcode 4001
telephone (07) 33 600 888
facsimile (07) 33 600 889
DX number _____ suburb/city _____

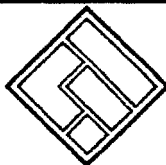
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ASS. ☐ REQ-A ☐
CASH ☐ REQ-P ☐
PROC ☐



Australian Securities & Investments Commission

Notification of
change to officeholders

form **304**

Corporations Act 2001
205B & 601CV(1)

corporation name OCCUPATIONAL & MEDICAL INNOVATIONS LIMITED.
ACN or ARBN 091 172 871

New appointment

Give details below of the person(s) who have consented in writing to become a director and/or secretary of the company. A public company must have a minimum of 3 directors (2 resident in Australia) and 1 secretary (resident in Australia). A proprietary company must have a minimum of 1 director (resident in Australia). The office of secretary is optional, but if appointed one must reside in Australia.

family name _____ given names _____
former names _____
residential address _____
suburb/city _____ state/territory _____ postcode _____
country (if not Australia) _____
date of birth (d/m/y) / / place of birth (town/city) _____ (state/country) _____
office held & date appointed ☐ director / / ☐ secretary / /
alternate director ☐ alternate for _____ effective dates: from / / to / /

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ()
See guide to this form for annexure requirements.

family name _____ given names _____
former names _____
residential address _____
suburb/city _____ state/territory _____ postcode _____
country (if not Australia) _____
date of birth (d/m/y) / / place of birth (town/city) _____ (state/country) _____
office held & date appointed ☐ director / / ☐ secretary / /
alternate director ☐ alternate for _____ effective dates: from / / to / /

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former names _____
residential address _____
suburb/city _____ state/territory _____ postcode _____
country (if not Australia) _____
date of birth (d/m/y) / / place of birth (town/city) _____ (state/country) _____
office held & date appointed ☐ director / / ☐ secretary / /
alternate director ☐ alternate for _____ effective dates: from / / to / /

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ()
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Ceasing to hold office

family name SILLER given names RODERICK WILLIAM
 date of birth (d/m/y) 21/10/1960 place of birth BRISBANE
 date ceased (d/m/y) 26/11/2002 office held ☒ director ☐ secretary ☐ alternate director for:

family name _____ given names _____
 date of birth (d/m/y) ____/____/____ place of birth _____
 date ceased (d/m/y) ____/____/____ office held ☐ director ☐ secretary ☐ alternate director for:

family name _____ given names _____
 date of birth (d/m/y) ____/____/____ place of birth _____
 date ceased (d/m/y) ____/____/____ office held ☐ director ☐ secretary ☐ alternate director for:

Change of name or address of officeholder

family name (previously notified) _____ given names _____
 date of birth (d/m/y) ____/____/____ Is this person also an alternate director? ☐ (please tick, if yes)

new name (if changed)
 date of change (d/m/y) ____/____/____

new address (if changed) unit, level, building name
 street number & name
 suburb/city state/territory postcode
 country (if not Australia) date of change (d/m/y) ____/____/____

family name (previously notified) _____ given names _____
 date of birth (d/m/y) ____/____/____ Is this person also an alternate director? ☐ (please tick, if yes)

new name (if changed)
 date of change (d/m/y) ____/____/____

new address (if changed) unit, level, building name
 street number & name
 suburb/city state/territory postcode
 country (if not Australia) date of change (d/m/y) ____/____/____

*NB: If insufficient space, set out details in an annexure - Annexures must conform to requirements. (Refer Guide)

Signature

I certify that the information in this form is true and correct.
 print name DAVID JENKINS capacity Director
 sign here [Signature] date 9/11/2002

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

Include
 The time actually spent reading the instructions, working on the question and obtaining the information
 The time spent by all employees in collecting and providing this information

hrs mins